

EXHIBIT R

Form 402B
Revised 8/10/98Division of Adult Services
Department of Homeless Services

SHELTER CLIENT TRANSFER REFERRAL

CLIENT'S SURNAME:	FIRST NAME:	H.A. NUMBER:
Lopez	Mariah	[REDACTED]

* You are being OFFICIALLY transferred on 05 / 11 / 17 to Win West Shelter, because:

Administrative Transfer - Safety Concern

NAME OF SHELTER REFERRED TO: Win West Shelter	ADDRESS OF SHELTER REFERRED TO: 341 W. 51st Street NY NY
CONTACT PERSON AT SHELTER REFERRED TO: Diana Santos	DATE REFERRED / TIME OF CALL:

* Beginning on 05 / 11 / 2017, your new shelter is your OFFICIAL SHELTER. You are not eligible to transfer for services at any other DHS or DHS contracted Adult Services shelter. You may not transfer to any other DHS or DHS contracted Adult Services shelter without agency approval.

Your Official shelter will provide the following services to you:

1) bed	3) three meals a day	5) toiletries	7) recreation
2) locker	4) clothing	6) carfare	8) social services

TRANSFER APPROVED BY: Kaedon Grinnell
Print Name

Kaedon Grinnell 5/11/17
Signature Date

I did NOT request a Supervisory Review and accept the transfer as a change in my official shelter.

Client's Signature (X) _____ Date: _____

I have had a Supervisory Review on ___ / ___ / ___ and I accept transfer to my new official shelter.

Client's Signature (X) _____ Date: _____

I have had a Supervisory Review on ___ / ___ / ___ , but continue to disagree with the change in my official shelter.

Client's Signature (X) _____ Date: _____

Client refused to sign; however, form was explained to client.

WITNESSING WORKER:

Print Name _____ Signature _____ Date _____

Time that client left referring shelter _____ A.M. or P.M. _____